

Interim Recertification Request

Name of Head of Household _____ Date: _____

Address _____ Phone Number: _____

What has changed in your household? Please be specific.

My income has increased: How: _____

My income has decreased: How: _____

Someone has left my household: Who and when: _____

I would like to add someone to my household: Who: _____
Relationship to you: _____

My medical or childcare expenses have changed: How: _____

Other: _____

Do you receive income from:

Monthly Amount

MFIP/MSA/GA/Other cash assistance Yes No \$ _____

Soc. Sec./SSI/RSDI Yes No \$ _____

Child Support Yes No \$ _____

Employment Yes No \$ _____

Unemployment Compensation Yes No \$ _____

Other Household income Yes No \$ _____

Source _____

Details: (Name of new employer, wage, hours, etc. - Be Specific)

Other Instructions:

- If you have a change in income, **attach 2 current pay stubs** or a letter from your employer advising of the change. If you are receiving Social Security or cash assistance, you must attach your award/benefit letter.
- If you are claiming zero income, **you must complete a Zero Income Questionnaire.**
- If you are requesting to add an adult to your household, you will need to have them complete an application.
- If you are requesting us to review your medical expenses, please attach proof of the change.
- If you are requesting a review of your child care expenses, please provide us with a full name, address and phone number of the provider and the amount **you pay** per month.

I/We certify that the information given to the Brainerd HRA is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and/or termination of tenancy.

Signature of Head of Household

Date

Signature of Other Adult

Date